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PTO/SB/05 (4/98)

Approved for use through 09/30/2000. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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**UTILITY
PATENT APPLICATION
TRANSMITTAL**

(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))

Attorney Docket No. **01-490**

First Inventor or Application Identifier

KIRIGAYA

Title **ELECTRONIC CONTROL DEVICE AND METHOD
FOR MANUFACTURING THE SAME**

Express Mail Label No. **U61443**

U61443

U61443

U61443

110603

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

ADDRESS TO: **Commissioner for Patents
Mail Stop Patent Application
Alexandria, VA 22313-1450**

**22388
10/17/01**

1. <input checked="" type="checkbox"/> * Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing)	5. <input type="checkbox"/> Microfiche Computer Program (Appendix)
2. <input checked="" type="checkbox"/> Specification [Total Pages 20]	6. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
-Descriptive title of the Invention	
-Cross Reference to Related Applications	
-Background of the Invention	
-Summary of the Invention	
-Brief Description of the Drawings	
-Detailed Description of the Preferred Embodiment	
-Claims	
-Abstract of the Disclosure	
3. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 6]	7. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s))
4. Oath or Declaration [Total Sheets 3]	8. <input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement (when there is an assignee) <input type="checkbox"/> Power of Attorney
a. <input checked="" type="checkbox"/> Newly executed (original or copy)	9. <input type="checkbox"/> English Translation Document (if applicable)
b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63 (d)) (for continuation/divisional with Box 16 completed)	10. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations
i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).	
12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (should be specifically itemized)	
13. <input type="checkbox"/> *Small Entity Statement(s) <input type="checkbox"/> Statement filed in prior application, (PTO/SB09-12) <input type="checkbox"/> Status still proper and desired	
14. <input checked="" type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)	
15. <input type="checkbox"/> Other:	

NOTE FOR ITEMS 1 & 13: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28)

16. If a **CONTINUING APPLICATION**, check appropriate box, and supply the requisite information below and in a preliminary amendment:

Continuation Divisional Continuation-in-part (CIP) of prior application No: _____

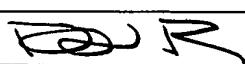
Prior application information: Examiner _____

Group/Art Unit: _____

For **CONTINUATION or DIVISIONAL APPS only**: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

17. CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number or Bar Code Label		23400	or <input type="checkbox"/> Correspondence address below <i>(Insert Customer No. or Attach bar code label here)</i>	
Name				
Address				
City	State	Zip Code		
Country	Telephone	(703) 707-9110	Fax	(703) 707-9112

Name (Print/type)	DAVID G. POSZ	Registration No. (Attorney/Agent)	37,701
Signature			Date
		November 6, 2003	

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Arlington, VA 22202. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Alexandria, VA 22313-1450.

FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

 Applicant Claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 810)

Complete if Known

Application Number	
Filing Date	November 6, 2003
First Named Inventor	KIRIGAYA et al.
Examiner Name	
Art Unit	
Attorney Docket No.	01-490

METHOD OF PAYMENT (check all that apply)

 Check Credit card Money Order Other None
 Deposit AccountDeposit Account Number
Deposit Account Name

50-1147

POSZ & BETHARDS, PLC

The Commissioner is authorized to: (check all that apply)

Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) during the pendency of this application
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee Code (\$)	Fee (\$)	
1001	770	2001 385	Utility filing fee
1002	340	2002 170	Design filing fee
1003	530	2003 265	Plant filing fee
1004	770	2004 385	Reissue filing fee
1005	160	2005 80	Provisional filing fee
SUBTOTAL (1) (\$ 770)			

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

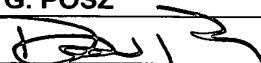
Total Claims	Independent Claims	Extra Claims		Fee from below	Fee Paid		
		-20**=	0	X	18	=	0
		- 3**=	0	X	86	=	0

Large Entity	Small Entity	Fee Description
Fee Code	Fee Code (\$)	Fee (\$)
1202	18	2202 9
1201	86	2201 43
1203	290	2203 145
1204	86	2204 43
1205	18	2205 9
SUBTOTAL (2) (\$ 0)		

** or number previously paid, if greater; For Reissues, see above

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee Code (\$)	Fee (\$)	
1051	130	2051 65	Surcharge – late filing fee or oath
1052	50	2052 25	Surcharge – late provisional filing fee or cover sheet
1053	130	1053 130	Non-English specification
1812	2,520	1812 2,520	For filing a request for ex parte reexamination
1804	920*	1804 920*	Requesting publication of SIR prior to Examiner action
1805	1,840*	1805 1,840*	Requesting publication of SIR after Examiner action
1251	110	2251 55	Extension for reply within first month
1252	420	2252 210	Extension for reply within second month
1253	950	2253 475	Extension for reply within third month
1254	1,480	2254 740	Extension for reply within fourth month
1255	2,010	2255 1005	Extension for reply within fifth month
1401	330	2401 165	Notice of Appeal
1402	330	2402 165	Filing a brief in support of an appeal
1403	290	2403 145	Request for oral hearing
1451	1,510	1451 1,510	Petition to institute a public use proceeding
1452	110	2452 55	Petition to revive – unavoidable
1453	1,330	2453 665	Petition to revive – unintentional
1501	1,330	2501 665	Utility issue fee (or reissue)
1502	480	2502 240	Design issue fee
1503	640	2503 320	Plant issue fee
1460	130	1460 130	Petitions to the Commissioner
1807	50	1807 50	Processing fee under 37 CFR 1.17(q)
1806	180	1806 180	Submission of Information Disclosure Stmt
8021	40	8021 40	Recording each patent assignment per property (times number of properties)
1809	770	2809 385	Filing a submission after final rejection (37 CFR § 1.129(a))
1810	770	2810 385	For each additional invention to be examined (37 CFR § 1.129(b))
1801	770	2801 385	Request for Continued Examination (RCE)
1802	900	1802 900	Request for expedited examination of a design application
Other fee (specify)			
*Reduced by Basic Filing Fee Paid			
SUBTOTAL (3) (\$ 40)			

Complete (if applicable)

Name (Print/Type)	DAVID G. POSZ	Registration No. (Attorney/Agent)	37,701	Telephone	(703) 707-9110
Signature				Date	November 6, 2003

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 37 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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